Continued   Cont	D== -	BIMENT	DIVISION OF REALIN — STANDARD CERTIFIC	¥	<u> 図63~033416</u>
The Country	DEPA: IOT WRITE	AMELIAER	Registration District No	No. 1003 Registrar's No. 8714	STATE FILE NUMBER
A COUNTY  B. CIVI (if outside corporate limits, give location)  C. CIV (if outside, give location)  C. S. S. C. CLOR (if outside, give location)  C. S. S. C. CLOR (if outside, give location)  C. S. S. C. CLOR (if outside, give location)  C. S. S. C. CLOR (if outside, give location)  C. S. S. C. CLOR (if outside, give location)  C. S. S. C. CLOR (if outside, give location)  C. S. S. C. CLOR (if outside, give lo	THIS STUB		FILED OLD & INC.		
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MOSTINION 61 Kingsbury Place   Vest No.   ADDRESS 61 Kingsbury Place   Vest No.			c. FULL NAME OF (If NOT in hospital, give location)	nade Limits d. STREET . (If o	
3. NAME OF DECEASED FIRST Madells Start Clyps or prim)  Grace Maltbie Bassett OPENITY 9. AGE (last birthey) IF UNDER TYRAR IF	67 4	/ \	HOSPITAL OR	ADDRESS	, , , , , , , , , , , , , , , , , , ,
Comparison print)   Grace   Maltbie   Bassett   DEATH   August 27   196	- 1 p	944	3. NAME OF DECEASED First Middle	<u> </u>	
S. SEX   6. COLOR OR BACE   7. Marriad   18. DATE OF BIRTH   9. AGE (sate birthow)   FUNDER TYRAR IF UNDER TYRAR IT UNDER TYRAR IF UNDER TYRA	<u>,                                    </u>	4111	(Type or print)		
Female   White   Widowed   Divorced   9-27-1884 78   Months   Doys   Hours	/	+++	5. SEX 6. COLOR OR RACE 7. Married Never	Married 8. DATE OF BIRTH 9. AGE (last bi	irthday) IF UNDER'I YEAR IF UNDER
TO SET IN THE PART II OF HOLD TO SUSTING OF NOTIFIED TO SECRET HOLD TO SUSTING TO PART II OF HOLD THE STATE STORY IN THE STATE STORY II. SECRET HOLD TO SECRET HERE OF WHAT COUNTY AND THE STATE STORY SHOULD NAME    TO SET IN THE STATE STORY SHOULD NAME   1.0 S. A. T. S. C. A. T. S.			Widowed 🗆	Divorced []	
At Home McKinney, Texas U.S.A.    At Home   McKinney, Texas   U.S.A.			10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS		ountry) 12. CITIZEN OF WHAT COUN
The part of the pa	- J	2	during most of working life, even if retired)		1
The state of the s		ξ			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   Address   Address   No. of unknown) (if year, give were dates of some	·	i		7	*
Start   Star	<u>, —[č</u>	?ㅏㅣㅣㅏ	Judge Richard Maltbie Elizab		irice K. Bassett
No   Is. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   Is. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   Is. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   Is. CAUSE OF DEATH (Enter only one cause (a).   Is. CAUSE OF DEATH (a)   Is. CAUSE OF DEA	<b>`</b>		TE THE DECEASED SITE IN ILE ADMED FORCESS	CURITY NO. 17. INFORMANT	Address
18. CAUSE OF DEATH MAC CAUSED BY:   IMMEDIATE CAUSE (a)		- 1 1 1 1	(It yes, give war or dates of s	Maurice K. Basse	
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO (b)  ATTURIUS CLUSTIC ACCRET ACCURATE ACCURA		<b>⊻        </b>	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	· · · · · · · · · · · · · · · · · · ·	INTERVAL BETY
Conditions, if any, which gave rise to above cause (a), stating the under-lying cause last.  DUE TO (b)  ATTUROSCICLOSIC ACCURATION STATES TO BEATH of the terminal fibers a pregnancy in last 9 per	1	1 1 1 1	PART I. DEATH WAS CAUSED BY:	ina Flina	ONSET AND DI
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Which gave rise to show cause (a), staining the underlying cause list.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last where a pregnancy in last personal disease condition given in PART I (a)    PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last where a pregnancy in last where a pregnancy in last personance in part of the part of t	8	ا ا اوَا}	18	Section is borners	2 7
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TO THE COUNTY STATE OF COUNTY	an I		disease condition given in PART I (a)		
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20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, while at WORK   20f. CITY, TOWN, OR LOCATION COUNTY STANDARD HARD HARD HARD HARD HARD HARD HARD	DAF	)	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b.	DESCRIBE HOW INJURY OCCURRED. (Enter nature of	injury in PART I or PART II of item 18.)
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21. I attended the deceased from 960 , to NG 27 /163 and last saw her slive on 104 27 /163  Death occurred at	g 🏻	다	₽.m. ·		
21. I attended the decessed from 1960 , to NG 27 1163 and last saw her placed in the causes stated.  Death occurred at 1960 m on the date stated above, and to the best of my knowledge, from the causes stated.  22a. SIGNATURE (Degree or title) 22b. ADDRESS	8		204 IN HIPY OCCUPRED 20e, PLACE OF INJURY (e.g., in or ab	bout home, 20f. CITY, TOWN, OR LOCATION	COUNTY STA
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236. BURIAL, PREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. COCATION (City, 18win, or county)  Burial 8-29-1963 Bellefontaine Cemetery St Louis Missouri  ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S AIGNAURE  ALLC DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S AIGNAURE  ALLC DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S AIGNAURE  ALLC DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S AIGNAURE		ا ا اوا	12/4	122 22 1912	Ain 27 1918
236. BURIAL, PREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Town, of County)  Burial 8-29-1963 Bellefontaine Cemetery St Louis Missouri  Burial 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S AIGNAYORE  ALLC DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S AIGNAYORE  ALLC DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S AIGNAYORE  ALLC DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S AIGNAYORE  ALLC DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S AIGNAYORE  ALLC DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S AIGNAYORE  ALLC DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S AIGNAYORE  ALLC DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S AIGNAYORE  ALLC DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S AIGNAYORE  ALLC DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S AIGNAYORE  ALLC DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S AIGNAYORE  ALLC DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S AIGNAYORE  ALLC DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S AIGNAYORE  ALLC DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S AIGNAYORE  ALLC DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S AIGNAYORE  ALLC DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S AIGNAYORE  ALL DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S AIGNAYORE  ALLC DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S AIGNAYORE  ALLC DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S AIGNAYORE  ALL DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S AIGNAYORE  ALL DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S AIGNAYORE  ALL DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S AIGNAYORE  ALL DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S AIGNAYORE  ALL DO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S AIGNAYORE  ALL DO ADDRESS 25. DATE RECD. BY LOCAL REG. BY LOCAL	ᄩᅵ	M   M	21. I attended the deceased from 1760		ive on
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236. BURIAL, PREMATION, PAGE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION (City, flowin, of county)  237. LOCATION (City, flowin, of county)  238. LOCATION (City, flowin, of county)	Ž	[종	22s. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DAJE
23b. BURIAL, PREMATION, PAGE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 16win, of county)  23b. BURIAL, PREMATION, PAGE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 16win, of county)  23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 16win, of county)  23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 16win, of county)  23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 16win, of county)  23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 16win, of county)  23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 16win, of county)  23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 16win, of county)  23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 16win, of county)  23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 16win, of county)	۱ ع	<u>                                    </u>	- Mu M/ roest	119 N. Mylos M	VC ST COUR 8/28
Burial 8-29-1963 Bellefontaine Cemetery St. Louis Missouri  Address 25. Date RECO. By local REG. 26. REGISTRAR'S AIGNAYDRE  ALC. DO AOCO.		<del>                                      </del>	238. BURIAL, PREMATION, 23b. DATE 23c. NAME OF CEME	ETERY OR CREMATORY 23d. LOCATION (	City, town, or county) (State)
AUC DO 4000 1 Mr. August 17 M		<u>o</u>	REMOVAL (Specify)	•	
AUC DO 4000 1 Mr. August 17 M	1		DUTIAL 8-29-1963   Bellefor	25, DATE RECD. BY LOCAL REG.   24. RECUE	PRAR'S AIGNATORE
-     Lupton Chapel, St. Louis, Mo.   Mod 20 1303   Now 2110000 . 17. 2		[월]   1		186	
	- 1	ı=ı l l	Lupton Chapel, St. Louis, Mo.		WIT SIFUUL I I'V

Dr. John Grant 114 N. Taylor 1.20 To 4:00

## STATEMENT BY LICENSED EMBALMER

larence A. Murray
Licensed Embalmer No. 4011
P. O. Address / Louis, //

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.